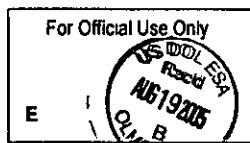


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9931</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Donald</u> <u>Braun</u> P O Box Bldg Room No if any Street <u>8509 Ardwick Ardmore Road</u> City <u>Landover</u> State <u>Maryland</u> ZIP Code + 4 <u>20785</u>	4 Name file number and address of labor organization Name <u>MD State Pipe Trades Association</u> Labor Organization File Number <u>540-948</u> P O Box Building and Room Number if any Street <u>8509 Ardwick Ardmore Road</u> City <u>Landover</u> State <u>Maryland</u> ZIP Code + 4 <u>20785</u>
5 Position in labor organization <u>Lead Organizer/Trustee Pension Fund</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Donald C Braun

On 08/15/2005
Date

(301) 341-7124
Telephone Number

Name of Person Filing Donald Braun

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Heating Piping & Refrigeration Pension Fund

Trade Name if any

P O Box Bldg Room No if any Second Floor

Street 6650 Belair Road

City Baltimore

State Maryland ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Self Funded Defined Benefit Plan contributions made from active employees for the Funding of Pension Benefits

11 b Approximate dollar value of such dealing

\$263 658 558

12 a Nature of interest held or income received

Registration Fee/hotel Deposit International Foundation of Employee Benefit Plans annual conference 11/13/05 11/16/05

12 b Amount

\$1 605

Name of Person Filing Donald Braun

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Heating Piping & Refrigeration Apprent Fund

Trade Name if any

P O Box Bldg Room No if any Second Floor

Street 6650 Belair Road

City Baltimore

State Maryland ZIP Code + 4 21206

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Training of apprentices accepts contributions on behalf of covered employees

11 b Approximate dollar value of such dealing

\$7 878 561

12 a Nature of interest held or income received

Graduation tickets attendance at Apprenticeship graduation required by all officers of the Local Union

12 b Amount

\$76

Name of Person Filing Donald Braun	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text" value="H"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer s name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

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